

### Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

09/14/2011 Stuart Stapleton, EHS Manager EQ Florida Inc 7202 E 8th Ave Tampa, FL 33619-3380

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for EQ Florida Inc located at 2002 N Orient Rd, Tampa , FL33619-3356

#### FLD981932494

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Pesticides, Universal Waste Pesticide Transporter, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals, Universal Pharmaceutical Transporter, Large Quantity Handler.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/12); HW Transporter, HW Transfer Facility (reg exp on 08/01/12); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2012).

Your facility is currently permitted as: Operating Commercial TSD (exp on 01/22/16).

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: <a href="http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm">http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</a>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLD981932494. For further assistance, please e-mail a Notification Coordinator at <a href="mailto:EPOST\_HWreg@dep.state.fl.us">EPOST\_HWreg@dep.state.fl.us</a> or call us at (850)245-8707.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Lier M ym

ME ID: 21659, Email Address: Stuart.Stapleton@egonline.com



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 Date Received
(for FDEP Official Use Only)

Received

		(000) = 1000												
EPA ID F L D	9 8 1 9 3		MTS are divide an AL AL COMMUNICATION											
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal wa  To provide subseque information).	otification (to obtain ste, or used oil activit tent notification (to a fication (see instruction)	ies). update sta	itus and	I facility ident								
2. Facility or Business Name		EQ Florida, Inc	•		FEID 2	No. 0 0 4 1	4 1 5 7							
3. Facility Operator (List additional Operators in the	Name of Operator	EQ Florida, Inc.	□ New Date be	Opera	itor Operator: 02 mr									
comments section).	Street or P.O. Box	7202 Eas		Phone	Number: 8	13-319-3423								
	City or Town:	Tampa	FL	Zip Code:	33619									
	Operator Type:	perator Type: Private Federal Municipal State Other												
4. Facility Physical Location	Physical Street Ad	dress:	th Orient Road											
Information	City or Town:	Tampa		State:	FL	Zip Code:	33619							
	County: Hillsboro	ough	If available, plea	ase attacl	h a maj	p or sketch of	the facility							
		5   7     <mark>4   2 , 2"N  </mark> Longi m m s s .ssss	tude:   <mark>8   1    2   2  </mark> d d m m	2 6.		Method: Datum:								
5. Facility North Am Classification Syst Code(s)	-	A. 5621 c.	1	B. D.										
6. Facility or	Street Address or l	P.O. Box:	not Oth	Avenue										
Business Mailing														
Address	City or Town:	Tampa		State:	33619									
7. Facility or Business Contact	First Name:	Stuart		tapletoi	on Title: EHS Manager									
Person	Phone Number:	813-319-3423	Extension:	E-Mail:	stuar	rt.stapleton@	eqonline.com							
	Street or P.O. Box		7202 East	8th Ave	nue									
1	City or Town:	Tampa		State:	FL	Zip Code:	33619							
8. Real Property (Land) Owner of the Facility's		perty (Land) Owner: EQ Holding, Inc.		□ New Date be	came (	Owner: 02 /	dd yy							
Physical Location (List additional	Street or P.O. Box	7202 East	8th Avenue		Phone	Number: 8	13-319-3423							
real property owners in the comments	City or Town:	Tampa		State:	FL	Zip Code:	33619							
section.)	Owner Type: 🛛 🛭	Private Federal	Municipal Sta	te 🔲 🤇	Other		8/29/2							

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9. Type-of Regulated Waste Activity (Mark 'X' in all tha	t apply):
A. Hazardous Waste Activities:  (1) Generator of Hazardous Waste  (Choose only one of the following three categories.)	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste
(2.2 lbs) or less of acute hazardous waste  In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator  (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informatio Insurance Company New Hamp	waste only 🗵 b. For commercial purposes
Contact Carolyn Wendorf Policy Number CA7557770  d. Transportation Mode  Air  Rail  Highway	Telephone 08-01-2012 Water Other - specify
Florida Administrative Code (F.A.C.)]:	y [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.]

	FLD981932494  EPA ID No.
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) (	
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of Small Quantity Handler (SQH) = always less than 5,000 kg accurately the state of the	of any combination of UW accumulated
Mercury-containing devices LQH = 100 kg (220 lb) or more ac  Mercury-containing devices SQH = less than 100 kg accumulate	·
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	ps) or more accumulated by for-hire handler
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler
[Note: 4 lamps = $1 \text{ kg}$ , $62-737.200(10)$ ]	
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated
(1) For those Managing  Generate/ Accumulate  Transport (see note in instructions)  Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	15,000
b. Pesticides	30,000
c. Pharmaceuticals	3,000
d. Mercury Containing Devices	5,000
e. Mercury Containing Lamps	8,000
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
(4) Reverse Distributor of UW  Pharmaceuticals	□
(5) Destination Facility for UW storage prior to recy	
C. Used Oil Activities:  (1) Used Oil Transporter - indicate type(s) of activity(ies):   a. Transporter  b. Transfer Facility	8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the orginally approved training program, they are explained in attachments to
C. Used Oil Activities:  (1) Used Oil Transporter - indicate type(s) of activity(ies):  \[ \times \] a. Transporter \[ \times \] b. Transfer Facility  (2) \[ \times \] Collection Center  (3) \[ \times \] Used Oil Processor (A permit is required for this activity.)  (4) \[ \times \] Off-Specification Used Oil Burner  (5) \[ \times \] Used Oil Filter \[ \times \] a. Transporter	8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.
C. Used Oil Activities:  (1) Used Oil Transporter - indicate type(s) of activity(ies):  \[ \begin{align*} \text{ a. Transporter} \] \text{ b. Transfer Facility}  (2) \[ \begin{align*} \text{ Collection Center}  (3) \[ \begin{align*} \text{ Used Oil Processor (A permit is required for this activity.)}  (4) \[ \begin{align*} \text{ Off-Specification Used Oil Burner}  (5) \[ \begin{align*} \text{ Used Oil Filter} \] \[ \text{ a. Transporter} \] \[ \text{ b. Transfer Facility} \]	8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.  Signature of Authorized Person
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	Regulated Waste A		☐ Petroleum C		•	napter 62-740, F.A.C.] If for this activity.							
your facility. List	them in the order th	Regulated Hazar they are presented in les routinely or usua	n the regulations (e.	.g., D001, D003, F	007, U112).	azardous wastes handled at are needed.							
<sup>/</sup> D001	<sup>2</sup> D002	<sup>3</sup> D003	<sup>4</sup> D004	<sup>5</sup> D005	6 D006	<sup>7</sup> D007							
<sup>8</sup> D008	<sup>9</sup> D009	<sup>10</sup> D010	<sup>77</sup> D011	<sup>12</sup> D012	<sup>13</sup> D013	<sup>14</sup> D014							
<sup>15</sup> D015	<sup>16</sup> D016	<sup>17</sup> D017	<sup>18</sup> D018	<sup>19</sup> D019	<sup>20</sup> D020	<sup>21</sup> D021							
D022 23 D023 24 D024 25 D024 26 D026 27 D027 28 D028													
11. Other Status Changes (Mark 'X' in all that apply):													
A. Non-Handler of Regulated Waste at This Facility  (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste (2) Waste generated by business has been delisted. (3) Other (explain)													
B. Facility Closed  ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.  ☐ (2) Out of Business - Business closed on													
Contact	:		Phone										
Address													
City, St	ate, Zip				<u>.</u>								
C. Pro	perty Tax Default		☐ D. Petition	for Bankruptcy I	Protection								
in accordance with information submi for submitting fals facility, I am awar	n a system designed itted is, to the best o se information, inclu- te that transfer facili	I to assure that quali of my knowledge an uding the possibility ities must comply w	ified personnel prop nd belief, true, accu y of fine and impris	perly gather and everate, and complete comment for knowing	valuate the inform I am aware that ng violations. If I	my direction or supervision ation submitted. The there are significant penalties have notified as a transfer ale 62-730.182, FAC.							
Signature of ow	vner, operator, or representative	1	Pr	int Name and T	itle	Date Signed							
	representative		Stuart St	apleton, EHS	Manager	(mm-dd-yyyy) 07/28/2011							
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			:										
If the person who	o filled in this forn	n is not the Facility	y Contact or Oper	ator, please comp	olete the informa	tion below:							
(Name of person c	completing this form	n)	(Phone Number)	· · · · · · · · · · · · · · · · · · ·	(E-mail Address	)							
13. Comments: See Attachm	nent 1 for addit	ional EPA was	te codes.										



## **PERMITTED HAZARDOUS WASTE CODES**

### **EQ Florida**

CHARACTERISTIC WASTE
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D001	D002	D003	D004	D005	D006	D007	D008	D009	D010	D011	D012	D013	D014	D015	D016	D017	D018	
D019	D020	D021	D022	D023	D024	D025	D026	D027	D028	D029	D030	D031	D032	D033	D034	D035	D036	
D037	DU38	D030	DOAO	D041	D042	D043												

### HAZARDOUS WASTE FROM NON-SPECIFIC SOURCES

F001	F002	F003	F004	F005	F006	F007	F008	F009	F010	F011	F012	F019	F020	F021	F022	F023	F024	
F025	F026	F027	F028	F032	F034	F035	F037	F038	F039									

#### HAZARDOUS WASTE FROM SPECIFIC SOURCES

K001	K002	K003	K004	K005	K006	K007	K008	K009	K010	K011	K013	K014	K015	K016	K017	K018	K019
K020	K021	K022	K023	K024	K025	K026	K027	K028	K029	K030	K031	K032	K033	K034	K035	K036	K037
K038	K039	K040	K041	K042	K043	K045	K046	K048	K049	K050	K051	K052	K060	K061	K062	K064	K065
K066	K069	K071	K073	K083	K084	K085	K086	K087	K088	K090	K091	K093	K094	K095	K096	K097	K098
K099	K100	K101	K102	K103	K104	K105	K106	K107	K108	K109	K110	K111	K112	K113	K114	K115	K116
K117	K118	K123	K124	K125	K126	K131	K132	K136	K141	K142	K143	K144	K145	K147	K148	K149	K150
K151	K156	K157	K158	K159	K161												

# DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION SPECIES, CONTAINER RESIDUES AND SPILL RESIDUES THEREOF

P001	P002	P003	P004	P005	P006	P007	P008	P009	P010	P011	P012	P013	P014	P015	P016	P017	P018
P019	P020	P021	P022	P023	P024	P026	P027	P028	P029	P030	P031	P033	P034	P036	P037	P038	P039
P040	P041	P042	P043	P044	P045	P046	P047	P048	P049	P050	P051	P054	P056	P057	P058	P059	P060
P062	P063	P064	P065	P066	P067	P068	P069	P070	P071	P072	P073	P074	P075	P076	P077	P078	P081
P082	P084	P085	P087	P088	P092	P093	P094	P095	P096	P097	P098	P099	P101	P102	P103	P104	P105
P106	P107	P108	P109	P110	P111	P112	P113	P114	P115	P116	P118	P119	P120	P121	P122	P123	P127
P128	P185	P188	P189	P190	P191	P192	P194	P196	P197	P198	P199	P201	P202	P203	P204	P205	
U001	U002	U003	U004	U005	U006	U007	U008	U009	U010	U011	U012	U014	U015	U016	U017	U018	U019
U020	U021	U022	U024	U025	U026	U027	U028	U029	U030	U031	U032	U033	U034	U035	U036	U037	U038
U039	U041	U042	U043	U044	U045	U046	U047	U048	U049	U050	U051	U052	U053	U055	U056	U057	U058
U059	U060	U061	U062	U063	U064	U066	U067	U068	U069	U070	U071	U072	U073	U074	U075	U076	U077
U078	U079	U080	U081	U082	U083	U084	U085	U086	U087	U088	U089	U090	U091	U092	U093	U094	U095
U096	U097	U098	U099	U101	U102	U103	U105	U106	U107	U108	U109	U110	U111	U112	U113	U114	U115
U116	U117	U118	U119	U120	U121	U122	U123	U124	U125	U126	U127	U128	U129	U130	U131	U132	U133
U134	U135	U136	U137	U138	U140	U141	U142	U143	U144	U145	U146	Ù147	U148	U149	U150	U151	U152
U153	U154	U155	U156	U157	U158	U159	U160	U161	U162	U163	U164	U165	U166	U167	U168	U169	U170
U171	U172	U173	U174	U176	U177	U178	U179	U180	U181	U182	U183	U184	U185	U186	U187	U188	U189
U190	U191	U192	U193	U194	U196	U197	U200	U201	U202	U203	U204	U205	U206	U207	U208	U209	U210
U211	U213	U214	U215	U216	U217	U218	U219	U220	U221	U222	U223	U225	U226	U227	U228	U234	U235
U236	U237	U238	U239	U240	U243	U244	U246	U247	U248	U249	U271	U278	U279	U280	U328	U353	U359
U364	U367	U372	U373	U387	U389	U394	U395	U404	U409	U410	U411						